

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11/30/2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Officers Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number <b>U 8858</b>	2 Fiscal Year Covered From <b>01 / 01 / 04</b> Through <b>12 / 31 / 04</b>
3 Name and address of person filing Name <b>Michael J Hendricks</b> P.O. Box Bldg Room No. if any _____ Street <b>2599 Manitowish Ct</b> City <b>Green Bay</b> State <b>WI</b> ZIP Code + 4 <b>54311-6508</b>	4 Name, file number, and address of labor organization Name <b>Northern WI Regional Council of Carpenters</b> Labor Organization File Number <b>035-751</b> P.O. Box Building and Room Number if any _____ Street <b>N 2216 Bodde Rd</b> City <b>Kaukauna</b> State <b>WI</b> ZIP Code + 4 <b>54150-9740</b>
5 Position in labor organization <b>Business Representative</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ 7 b. Amount _____

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <b>Michael J Hendricks</b>	On <b>7-22-05</b> <b>920 469-1146</b> Date Telephone Number

Name of Person Filing

*Michael J. Hendricks*

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name *Alliance Bernstein Investment Management*

Trade Name if any

P O Box Bldg Room No if any

Street *1345 Avenue of the Americas*City *New York*State *New York*ZIP Code + 4 *10105*

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name *Wisconsin Carpenters Benefit Funds*

Trade Name if any

P O Box Bldg Room No if any

Street *1704 Devedey Drive*City *ANTHONY*State *WI*ZIP Code + 4 *54720*

11 a Nature of such dealing

*International Foundation  
Reception @ Conference  
for Trustee & Guest  
Dec. 2 2004 attended w th spouse*

11 b Approximate dollar value of such dealing

*250*

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

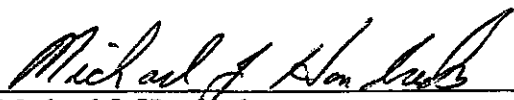
13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment



August 12, 2005

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

  
\_\_\_\_\_  
Michael J. Hendricks